

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/994,573	FILING DATE 11.26.01		
6.18.04 10.21.04 CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
19						69			
20						70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.			5			TOTAL IND.			
TOTAL DEP.			12			TOTAL DEP.			
TOTAL CLAIMS			17			TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY						SERIAL NO. 09/994,573	FILING DATE 11-26-01						
						APPLICANT(S)							
12-27-04						CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
		IND.	DEP.	IND.	DEP.								
1	1					51							
2	1					52							
3	1					53							
4	1					54							
5	1					55							
6	1					56							
7	1					57							
8	1					58							
9	1					59							
10	1					60							
11	1					61							
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13	1					63							
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16	1					66							
17	1					67							
18	1					68							
19	1					69							
20	1					70							
21	1					71							
22	1					72							
23	1					73							
24						74							
25						75							
26						76							
27						77							
28						78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	5					TOTAL IND.							
TOTAL DEP.	13	↔	↔	↔		TOTAL DEP.							
TOTAL CLAIMS	18	██████████	██████████	██████████		TOTAL CLAIMS	██████████	██████████	██████████	██████████	██████████	██████████	██████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS